Kentucky Department for Medicaid Services

Pharmacy and Therapeutics Advisory Committee Recommendations

July 19, 2007 Meeting

This chart provides a summary of the recommendations that were made by the Pharmacy and Therapeutics Advisory Committee at the July 19, 2007, meeting. Review of the recommendations by the Secretary of the Cabinet for Health and Family Services and final decisions are pending.

	Description of Recommendation	P & T Vote
#1	**Injectable Anticoagulant Therapy** 1. Low Molecular Weight Heparins appear to be equivalent in safety and provide similar efficacy based on the decision of the American College of Clinical Pharmacology to make no distinction among the agents for orthopedic surgery prophylaxis or treatment of VTE 2. DMS to select at least one preferred agent based upon economic evaluation 3. Agents not selected as preferred will require a prior authorization 4. Require therapeutic failure of one preferred agent prior to approval of non-preferred agents 5. Allow continuation of therapy for agents selected as non-preferred for patients who have a history within the last 30 days 6. For any new chemical entity, product, or dosage form of Low Molecular Weight Heparins, require a prior authorization until reviewed by the P & T Advisory Committee	**Tabled**
#2	**Triglyceride Lowering Agents** 1. DMS to select all generics, and at least one brand agent, based upon economic evaluation, from each of the following classes: Fibric Acid, Intermediate-Release Niacin, and Fish Oil 2. Agents not selected as preferred will require prior authorization 3. Require therapeutic failure of preferred agents prior to approval of a non-preferred agent 4. DMS to allow continuation of therapy for agents selected as non-preferred for patients who have a history within the last 180 days 5. For any new chemical entity, product, or dosage form for Lipotropic products, require prior authorization until reviewed by the P & T Advisory Committee	**Passed** **7 In Favor** **0 Against**
#3	**Pulmonary Hypertension Agents** 1. Oral agents for treatment of pulmonary arterial hypertension, are equivalent in efficacy but not in safety, and should be used in selected patients 2. DMS to select at least one of these agents as preferred based upon economic evaluation, and the P & T Advisory Committee's review of safety 3. Require clinical prior authorization, based on diagnosis plus WHO Classifications, for these agents regardless of preferred or non-preferred status. These agents should be considered refractory therapy for those patients who cannot tolerate treatment with other therapeutic options 4. DMS to allow continuation of therapy for agents selected as non-	**Passed** **5 In Favor** **2 Against**

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	Description of Recommendation	P & T Vote
	preferred for patients who have a history within the last 180 days 5. For any new chemical entity, product, or dosage form for pulmonary arterial hypertension, require prior authorization until reviewed by the P & T Advisory Committee	
#4	**Topical Agents for Psoriasis** 1. The topical agents indicated for Psoriasis being reviewed are not equivalent in safety, but equivalent in efficacy, within their respective classes when used as single agents 2. DMS to select at least one agent as preferred for Psoriasis based upon economic evaluation 3. Non-preferred agents will require prior authorization 4. Require therapeutic failure of preferred agent(s) prior to approval of non-preferred agents for Psoriasis indication only 5. DMS to allow continuation of therapy for agents selected as non-preferred for patients who have a history within the last 180 days 6. For any new chemical entity, product, or dosage form indicated for Psoriasis, require prior authorization until reviewed by the P & T Advisory Committee	**Passed** **7 In Favor** **0 Against**
#5	**Tekturna – Single Agent Review** 1. Require a Step Therapy Edit for any two Antihypertensive agents in the past 180 days 2. DMS to allow continuation of therapy for Tekturna for patients who have a history within the last 90 days 3. For any new chemical entity, product, combination product, or dosage form in the Direct Renin Inhibitor Class, require prior authorization until reviewed by the P & T Advisory Committee	**Passed** **6 In Favor** **1 Against**